**Nursing Change
of Shift
Report Template**

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| 1. Basic Information
 |
| Date |  |
| Shift Start Time |  | Shift End Time |  |
| Nurse Name |  |
| Patient Room / Bed Number |  |

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| 1. Patient Information
 |
| Patient Name |  |
| Patient ID Number |  |
| Primary Diagnosis |  |
| Allergies |  |
| Code Status |  |

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| 1. Patient Status Overview
 |
| Vital Signs |  |
| Pain Level |  |
| Mental Status |  |
| Mobility |  |

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| 1. Recent Changes and Events
 |
| Medications Administered |  |
| Treatments Performed |  |
| New Symptoms / Complications |  |
| Interventions |  |

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| 1. Care Plan Updates
 |
| Scheduled Procedures |  |
| Diet / Nutrition |  |
| Activity Restrictions |  |
| Patient Goals |  |

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| 1. IV Access and Medications
 |
| IV Sit and Status |  |
| Current IV Medications |  |
| Scheduled Medications |  |

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| 1. Patient Care Summary
 |
| Wound Care |  |
| Respiratory Support |  |
| Special Equipment |  |
| Other Treatments |  |

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| 1. Discharge Planning and Social Work
 |
| Estimated Discharge Date |  |
| Follow-Up Appointments |  |
| Family / Visitor Updates |  |
| Social Work / Case Management |  |

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| 1. Handover
 |
| Handover To (Incoming Nurse) |  |
| Important Alerts |  |
| Pending Tasks |  |

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| 1. Sign-Off
 |
| Outgoing Nurse Signature |  |
| Incoming NurseSignature |  |
| Date and Time of Report Completion |  |

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